

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF OREGON

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

02/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	L. D. Tonsager & Sons, Inc.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	93-1093595	
4. Debtor's address	Principal place of business 29174 SW Town Center Loop West, Ste 204 Wilsonville, OR 97070 Number, Street, City, State & ZIP Code Clackamas County	Mailing address, if different from principal place of business 16520 SW Edminston Rd. Wilsonville, OR 97070 P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	www.tonsager.com	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9

☐ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☐ No

☒ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☒ Other **Landlord may impose landlord lien shortly**

Where is the property?
29174 SW Town Center Loop W
Suite 204
Wilsonville, OR, 97070-0000

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☒ Yes. Insurance agency **Mutual of Enumclaw Insurance**

Contact name **Brian Timm - Timmco Inc.**

Phone **503-288-8818**

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor L. D. Tonsager & Sons, Inc.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 24, 2020
MM / DD / YYYY

X /s/ Eric R. Tonsager
Signature of authorized representative of debtor

Title President

Eric R. Tonsager
Printed name

18. Signature of attorney

X /s/ Ann K. Chapman
Signature of attorney for debtor

Date February 24, 2020
MM / DD / YYYY

Ann K. Chapman
Printed name

Vanden Bos & Chapman, LLP
Firm name

319 SW Washington
Suite 520
Portland, OR 97204
Number, Street, City, State & ZIP Code

Contact phone 503-241-4869 Email address ann@vbcattorneys.com

832833 OR
Bar number and State

United States Bankruptcy Court
District of Oregon

In re L. D. Tonsager & Sons, Inc.

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>Hourly*</u>
Prior to the filing of this statement I have received	\$	<u>5,000.00</u>
Balance Due	\$	<u>Unknown</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

***Debtor has agreed to pay an hourly rate for all pre and post-petition services. Minimum fee of \$5,000.00, inclusive of filing fee of \$335.00.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

2/24/20

Date

/s/ Ann K. Chapman

Ann K. Chapman

Signature of Attorney

Vanden Bos & Chapman, LLP

319 SW Washington

Suite 520

Portland, OR 97204

503-241-4869

ann@vbcattorneys.com

Name of law firm

Fill in this information to identify the case:

Debtor name L. D. Tonsager & Sons, Inc.

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 24, 2020

X /s/ Eric R. Tonsager

Signature of individual signing on behalf of debtor

Eric R. Tonsager

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **L. D. Tonsager & Sons, Inc.**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **30,633.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **30,633.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **803,794.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **28,399.99****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,118,671.00****4. Total liabilities**
Lines 2 + 3a + 3b\$ **1,950,864.99**

Fill in this information to identify the case:Debtor name L. D. Tonsager & Sons, Inc.United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. U.S Bank - checking #1851\$0.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

Factoring receivables with MCA - likely uncollectible (estimated balance)**11. Accounts receivable**

11a. 90 days old or less:

54,766.22

-

54,766.22

= ...

Unknown

face amount

doubtful or uncollectible accounts

Debtor L. D. Tonsager & Sons, Inc.
Name

Case number (If known) _____

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture See attached Exhibit A	\$9,550.00		\$9,550.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$9,550.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

ALL OTHER TAXABLE PERSONAL PROPERTY

29174 SW Town Center Loop West, Suite 204

Wilsonville, Oregon 97070

SCHEDULES

<u>(1). Item of Property</u>	<u>(4) Purchased</u>	<u>(6). Cost When Purchased</u>	<u>Purchased Total</u>	<u>(5). No. of Units</u>	<u>Unit Cost</u>	<u>(7). Owner's Opinion of Market Value</u>
Computer Work Stations	03/2004			4	\$500.00	\$ 2000.00
Wood Desk Unit with Hutch	02/2006	\$1483.00	\$1483.00	1	\$500.00	\$ 500.00
Metal & Wood Folding Tables	Various			3	\$15.00	\$ 45.00
Wood Chairs	1970	\$25.00/Lot		2	\$ 5.00	\$ 10.00
Desk Chairs	Various			10	\$ 35.00	\$ 350.00
Electric Typewriter	Various			7	\$ 50.00	\$ 350.00
Desk Calculators	Various			6	\$ 25.00	\$ 150.00
Desk Top Files	Various			Lot		\$ 100.00
Desk Top Trays	Various			Lot		\$ 50.00
Waste Baskets	Various			Lot		\$ 50.00
Computer Server	07/2007	\$ 1477.00	\$ 1477.00	1		\$ 1000.00
Computer & Monitor	09/1995	\$ 9078.00	\$ 9078.00	Lot (5)		\$ 3000.00
Computer Cart	04/1996	\$ 150.00	\$ 150.00	1		\$ 50.00
Computer Table & Printer Stand	12/1991	\$ 150.00	\$ 150.00	1		\$ 50.00
Computer Table with Hutch	03/1998	\$ 280.00	\$ 280.00	1		\$ 100.00
Fax Machine (Sharp)	01/1990	\$ 700.00	\$ 700.00	1		\$ 100.00
Vacuum Cleaner	02/1999	\$ 99.00	\$ 99.00	1		\$ 25.00
Coffee Pots	Various			2	\$ 10.00	\$ 20.00
Small Refrigerator	09/2018	\$ 119.00	\$ 119.00	1		\$ 90.00
Microwave Oven	12/2006			1		\$-----50.00
Bulletin Board	01/1992	\$ 13.00	\$ 13.00	1		\$ 10.00

Assorted Hand Tools	Various			Lot		\$ 15.00
Assorted Janitorial Supplies	Various			Lot		\$ 50.00
Aluminum Step Ladders	Various			3		50.00
Floor Fan	Unknown			1		\$ 10.00
Plastic Garbage Cans	Various			2	\$ 7.50	\$ 15.00
Hand Truck	Various			2		\$ 100.00
Wood Coffee Table	12/2004	\$ 59.99	\$ 59.99	1		\$ 25.00
Typewriter Stand	Unknown			1		\$ 10.00
Plant Stands	Various			2	\$ 10.00	\$ 20.00
Plastic File Boxes	Unknown			2	\$ 7.50	\$ 15.00
Wall Clocks	Various			3	\$ 5.00	\$ 15.00
Desk Lamp & Portable Heaters	Various			3	10.00	\$ 30.00
Wood Book Shelve Units	Various			6	\$ 20.00	\$ 120.00
Company Sign	07/2004			1		\$ 25.00
Framed Prints, Maps, Decorations	Various			20	\$ 50.00	\$ 1000.00
Total Value:						\$9,600.00
						\$9,550.00

Debtor L. D. Tonsager & Sons, Inc.
Name

Case number (If known) _____

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2017 Dodge Ram 1500 p/u	\$21,083.00		\$21,083.00

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$21,083.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Leased office space at 29174 SW Town Center Loop West, Suite 204, Wilsonville, OR 97070		\$0.00		Unknown

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

Debtor L. D. Tonsager & Sons, Inc.
Name

Case number (If known) _____

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**
Enumclaw Insurance - business
insurance/liability/property damage

\$0.00

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
Claim against unknown persons for online fraud scheme

Unknown

Nature of claim

Amount requested \$850,000.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor L. D. Tonsager & Sons, Inc.
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$9,550.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$21,083.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$30,633.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$30,633.00</u>

Fill in this information to identify the case:Debtor name **L. D. Tonsager & Sons, Inc.**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		<i>Column A</i> Amount of claim Do not deduct the value of collateral.	<i>Column B</i> Value of collateral that supports this claim
2.1	Advanced Merchant Services LLC Creditor's Name 116 Nassau Street, 8th Floor New York, NY 10038 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien MCA Describe the lien UCC - Accounts Receivable Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$32,000.00 Unknown

2.2	BlueVine Capital Inc. Creditor's Name 401 Warren Street Redwood City, CA 94063 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien MCA Describe the lien UCC - Accounts Receivable Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$132,790.00 Unknown
------------	--	---	---

Debtor **L. D. Tonsager & Sons, Inc.**
Name

Case number (if known)

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3

**Business Financial
Services, Inc. d/b/a**

Creditor's Name

**3301 N. University Drive
Suite 300
Coral Springs, FL 33065**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

4436

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

MCA

\$86,145.00

Unknown

Describe the lien

UCC - Accounts Receivable

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4

Chrysler Capital

Creditor's Name

**1601 Elm St, Ste 800
Dallas, TX 75201**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

3/11/17

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

2017 Dodge Ram 1500 p/u

\$20,587.00

\$21,083.00

Describe the lien

Security Interest- Vehicle

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5

**Complete Business
Solutions Group, Inc.**

Creditor's Name

**22 N 3rd St.
Philadelphia, PA 19106**

Creditor's mailing address

Describe debtor's property that is subject to a lien

MCA / UCC - 92025068

\$41,901.00

Unknown

Describe the lien

UCC - Accounts Receivable

Debtor **L. D. Tonsager & Sons, Inc.**
Name

Case number (if known)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.6

Corporation Service Company

Creditor's Name

**PO Box 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

UCC - 91897013 (not certain on whose behalf)

Unknown

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.7

Corporation Service Company

Creditor's Name

**PO Box 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

UCC - 91897037 (not certain on whose behalf)

Unknown

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Debtor **L. D. Tonsager & Sons, Inc.**
Name

Case number (if known)

2.8	Corporation Service Company Creditor's Name PO Box 2576 Springfield, IL 62708 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien UCC - 92030029 (not certain on whose behalf) Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
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2.9	CT Corporation System, as representative Creditor's Name 330 N Brand Blvd, Ste 700 ATTN: SPRS Glendale, CA 91203 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien UCC - 91899599 (not certain on whose behalf) Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
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2.10	CT Corporation System, as representative Creditor's Name 330 N Brand Blvd, Ste 700 ATTN: SPRS Glendale, CA 91203 Creditor's mailing address Creditor's email address, if known Date debt was incurred	Describe debtor's property that is subject to a lien UCC - 91929227 (not certain on whose behalf) Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No	Unknown	\$0.00
------	---	---	----------------	---------------

Debtor L. D. Tonsager & Sons, Inc.
Name

Case number (if known) _____

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
1 **CT Corporation System, as representative**

Creditor's Name

**330 N Brand Blvd, Ste 700
ATTN: SPRS
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
UCC - 92002856 (not certain on whose behalf)

Unknown

\$0.00

Describe the lien _____

Is the creditor an insider or related party?

☒ No
☐ Yes
Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
2 **CT Corporation System, as representative**

Creditor's Name

**330 N Brand Blvd, Ste 700
ATTN: SPRS
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
UCC - 92012418 (not sure on whose behalf)

Unknown

\$0.00

Describe the lien _____

Is the creditor an insider or related party?

☒ No
☐ Yes
Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
3 **CT Corporation System, as representative**

Describe debtor's property that is subject to a lien

Unknown

\$0.00

Debtor **L. D. Tonsager & Sons, Inc.**
Name

Case number (if known)

Creditor's Name
**330 N Brand Blvd, Ste 700
ATTN: SPRS
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

UCC - 92107621 (not sure on whose behalf)

Describe the lien

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
4

East Shore Equities LLC

Creditor's Name

**5788 Merric Rd, Ste 205
Massapequa, NY 11758**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

4195

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

MCA

\$0.00

\$0.00

Describe the lien

Accounts receivable

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
5

**EBF Partners LLC d/b/a
Everest Business**

Creditor's Name

**8200 NW 52ND Terrace
Suite 200
Miami, FL 33166**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

8221

Describe debtor's property that is subject to a lien

MCA

\$11,655.00

Unknown

Describe the lien

Accounts receivable

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **L. D. Tonsager & Sons, Inc.**
Name

Case number (if known)

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
6

First Corporate Solutions

Creditor's Name

As Representative

914 S Street

Sacramento, CA 95811

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

4376

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

UCC filed

Unknown

Unknown

Describe the lien

Accounts receivable

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
7

Forward Financing LLC

Creditor's Name

1000 Summer Street

Suite 1175

Boston, MA 02110

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

MCA

\$14,150.00

\$0.00

Describe the lien

Accounts receivable

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
8

Fundbox, Inc.

Creditor's Name

300 Montgomery Street

San Francisco, CA 94104

Creditor's mailing address

Describe debtor's property that is subject to a lien

MCA

\$33,316.00

Unknown

Describe the lien

Debtor **L. D. Tonsager & Sons, Inc.**
Name

Case number (if known)

Accounts receivable

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
9

Loan Me

Creditor's Name

**P. O. Box 5645
Orange, CA 98863**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

2458

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

MCA

\$80,000.00

Unknown

Describe the lien

Accounts receivable

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2
0

**Mayfair Business Capital
LLC**

Creditor's Name

**7 Henry Court
Suffern, NY 10901**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

MCA

\$78,500.00

Unknown

Describe the lien

Accounts receivable

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **L. D. Tonsager & Sons, Inc.**

Name

Case number (if known)

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2
1 **ML Factors Limited Liability Company**

Creditor's Name

**456A Central Avenue, #128
Cedarhurst, NY 11516**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

MCA

\$9,000.00

Unknown

Describe the lien

Accounts receivable

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2
2 **New Chance Capital, LLC**

Creditor's Name

**132 32nd Street
Brooklyn, NY 11210**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

MCA

\$80,000.00

Unknown

Describe the lien

Accounts receivable

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2
3 **Saturn Encore Funding**

Creditor's Name

**525 Washington Blvd 22nd
Floor
Jersey City, NJ 07310**

Creditor's mailing address

Describe debtor's property that is subject to a lien

MCA

\$33,750.00

Unknown

Describe the lien

Accounts receivable

Debtor **L. D. Tonsager & Sons, Inc.**
Name

Case number (if known)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
1270

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.2
4 **Secured Lender Solutions, LLC**

Creditor's Name

**PO Box 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
5215

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
UCC filed

Unknown

Unknown

Describe the lien

Accounts receivable

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.2
5 **U. S. Bank**

Creditor's Name

**555 SW Oak Street
Portland, OR 97204**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
7688

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien
Line of credit

\$150,000.00

Unknown

Describe the lien

Accounts receivable

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

Debtor **L. D. Tonsager & Sons, Inc.**

Case number (if known)

Name

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$803,794.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Complete Business Solutions Group PAR Funding 20 North 3rd St. Philadelphia, PA 19106	Line <u>2.5</u>	
Santander Consumer USA, Inc. 1601 Elm Street, Ste 800 Dallas, TX 75201	Line <u>2.4</u>	
Saturn Encore Funding 333 Seventh Ave, 3rd Flr New York, NY 10001	Line <u>2.23</u>	
US Bank National Assoc. 555 SW Oak St PD-OR-P7LD Portland, OR 97204	Line <u>2.25</u>	

Fill in this information to identify the case:Debtor name **L. D. Tonsager & Sons, Inc.**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Chloe S. Tonsager 11276 S Macksburg Rd. Canby, OR 97013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$974.21	\$974.21
	Date or dates debt was incurred	Basis for the claim: Back wages		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.2	Priority creditor's name and mailing address City of Wilsonville 29799 SW Town Center Loop E Wilsonville, OR 97070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$214.00	\$214.00
	Date or dates debt was incurred	Basis for the claim: SMART transit tax		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Debtor	L. D. Tonsager & Sons, Inc. <small>Name</small>		Case number (if known)		
2.3	Priority creditor's name and mailing address Clackamas County Assessment & Taxation c/o Tami Little, Assessor 150 Beaver Creek Rd Oregon City, OR 97045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Precautionary - personal property taxes <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.4	Priority creditor's name and mailing address Craig A. Tonsager 11276 S. Macksburg Canby, OR 97013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,483.09	\$1,483.09
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Back wages <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.5	Priority creditor's name and mailing address Eric R. Tonsager 16520 SW Edminston Rd. Wilsonville, OR 97070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$14,624.60	\$14,624.60
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Back wages* He hasn't taken anything for 4 months <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.6	Priority creditor's name and mailing address IRS Attn: Attorney General of United States 10th Constitution NW #4400 Washington, DC 20530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Precautionary <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	L. D. Tonsager & Sons, Inc. Name		Case number (if known)		
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2.7	Priority creditor's name and mailing address IRS Attn: Civil Process Clerk U.S. Attorney, District of Oregon 1000 SW 3rd, #600 Portland, OR 97204-2936	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Precautionary <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address IRS Centralized Insolvency Operation P. O. Box 7346 Philadelphia, PA 19101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,971.00	\$6,971.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: 2014 4th Qtr payroll taxes and unemployment (FUTA) <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address ODR ATTN: Bankruptcy Unit 955 Center St NE Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Precautionary <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address ODR c/o Ellen Rosenblum, Attorney General Oregon Department of Justice 1162 Court St, NE Salem, OR 97301-4096	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,541.00	\$2,541.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: 2019 4th Qtr paryoll taxes and Transit tax <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **L. D. Tonsager & Sons, Inc.**
Name

Case number (if known)

2.11 Priority creditor's name and mailing address

State of Oregon
c/o Ellen Rosenblum, Attorney
General
Oregon Department of Justice
1162 Court St, NE
Salem, OR 97301-4096

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Precautionary

Is the claim subject to offset?

- ☒ No
☐ Yes

\$0.00 **\$0.00**

2.12 Priority creditor's name and mailing address

Susan I. Enright
122 Terrace Ave
Oregon City, OR 97045

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Back wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,592.09 **\$1,592.09**

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

Bank of America
P. O. Box 982234
El Paso, TX 79998-2234

Date(s) debt was incurred

Last 4 digits of account number 0204

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Business Debt

Is the claim subject to offset? ☒ No ☐ Yes

\$7,991.00

3.2 Nonpriority creditor's name and mailing address

BTL Northwest
P. O. Box 356
Bend, OR 97709-0356

Date(s) debt was incurred

Last 4 digits of account number 4920

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Business Debt

Is the claim subject to offset? ☒ No ☐ Yes

\$244.00

3.3 Nonpriority creditor's name and mailing address

Capital One
Customer Service
P. O. Box 30258
Salt Lake City, UT 84130

Date(s) debt was incurred

Last 4 digits of account number 9926

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Business Debt

Is the claim subject to offset? ☒ No ☐ Yes

\$14,674.00

Debtor **L. D. Tonsager & Sons, Inc.**
Name

Case number (if known)

3.4	Nonpriority creditor's name and mailing address Citi Cards Costco Anywhere Visa P. O. Box 790046 St. Louis, MO 63179-0046 Date(s) debt was incurred ____ Last 4 digits of account number 9207	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,901.00
3.5	Nonpriority creditor's name and mailing address Comcast Business P. O. Box 60533 City of Industry, CA 91716 Date(s) debt was incurred ____ Last 4 digits of account number 3067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$221.00
3.6	Nonpriority creditor's name and mailing address Craig Tonsager 11276 S Macksburg Rd. Canby, OR 97013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Coobligor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.7	Nonpriority creditor's name and mailing address Custom Courier Service 6601 NE 78th Court Portland, OR 97218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,164.00
3.8	Nonpriority creditor's name and mailing address Eric R. Tonsager 16520 SW Edminston Rd. Wilsonville, OR 97070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Coobligor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9	Nonpriority creditor's name and mailing address Eric Tonsager 16520 SW Edminston Rd. Wilsonville, OR 97070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loans made to company since 1993 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$762,319.00
3.10	Nonpriority creditor's name and mailing address Errol Heights Tavern c/o Eric Tonsager 16520 SW Edminston Rd. Wilsonville, OR 97070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Coobligor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor L. D. Tonsager & Sons, Inc.
Name

Case number (if known) _____

3.11	Nonpriority creditor's name and mailing address Everest Business Funding c/o Howard Worley Greenburg, Grant & Richards, Inc. PO Box 571811 Houston, TX 77257-1811 Date(s) debt was incurred _____ Last 4 digits of account number <u>8977</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,655.00
3.12	Nonpriority creditor's name and mailing address First Response Systems 4970 SW Griffith Drive Suite 100 Beaverton, OR 97005 Date(s) debt was incurred _____ Last 4 digits of account number <u>t525</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.00
3.13	Nonpriority creditor's name and mailing address Focus Global Logistics P. O. Box 1567 Ridgefield, WA 98642 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,003.00
3.14	Nonpriority creditor's name and mailing address Georgia Department of Law Attn: Monty Mohr 2 Martin Luther King Jr., Dr, SE Suite 356 Atlanta, GA 30334 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.15	Nonpriority creditor's name and mailing address Global Security 3212 Main Street Vancouver, WA 98663 Date(s) debt was incurred _____ Last 4 digits of account number <u>4119</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.00
3.16	Nonpriority creditor's name and mailing address International Bond & Marine Brokerage Lt Two Hudson Place 4th Floor Hoboken, NJ 07030 Date(s) debt was incurred _____ Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,110.00
3.17	Nonpriority creditor's name and mailing address Joint Way International, Inc. 2500 E. 5th Street Vancouver, WA 98661 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,702.00

3.18	Nonpriority creditor's name and mailing address Kelley Imaging Systems Inc. Customer Service P. O. Box 3072 Cedar Rapids, IA 52406 Date(s) debt was incurred _____ Last 4 digits of account number <u>8179</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,145.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Luma Laser 84777 Charlotte Way Eugene, OR 97405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,887.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address Mitchell Bros. Truck Line 600 SE Maritime Ave. Bldg 3 Suite 100 Vancouver, WA 98661 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,032.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address PayCargo, LLC Customer Service 201 Alhambra Cir. Ste 711 Coral Gables, FL 33134 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,281.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address Paychex Tim & Attendance, Inc. c/o Candace Espinosa 911 Panorama Trail South Rochester, NY 14625 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55,958.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address Summit Nationwide P. O. Box 781039 Philadelphia, PA 19178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,626.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address Summit NW Corporation P. O. Box 781039 Philadelphia, PA 19178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,289.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor L. D. Tonsager & Sons, Inc.
Name

Case number (if known) _____

3.25	Nonpriority creditor's name and mailing address Susan I. Enright 122 Terrace Ave Oregon City, OR 97045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Coobligor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.26	Nonpriority creditor's name and mailing address T & G Trucking & Freight Co. 13035 N. Rivergate Blvd. Portland, OR 97203-6517 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$36,838.00</u>
3.27	Nonpriority creditor's name and mailing address Teampower Logistics, Inc. 3720 SW 141st Ave. Ste. 214 Beaverton, OR 97005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,033.00</u>
3.28	Nonpriority creditor's name and mailing address Terminal Transfer Inc. 15745 N. Lombard St., Ste. 100 Portland, OR 97203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,365.00</u>
3.29	Nonpriority creditor's name and mailing address U. S. Bank P. O. Box 6335 Fargo, ND 58125-6335 Date(s) debt was incurred ____ Last 4 digits of account number <u>9028</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$26,459.00</u>
3.30	Nonpriority creditor's name and mailing address U.S. Customs and Border Protection Revenue Division, Debt Mgmt Team Attn: Debit Voucher Team 6650 Telecom Dr, Ste 100 Indianapolis, IN 46278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.31	Nonpriority creditor's name and mailing address U.S. Customs and Border Protection 8337 NE Alderwood Rd. Portland, OR 97220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **L. D. Tonsager & Sons, Inc.**
Name

Case number (if known)

3.32 Nonpriority creditor's name and mailing address

United Parcel Service (UPS)
P. O. Box 7247-0244
Philadelphia, PA 19170

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Business Debt**

Is the claim subject to offset? ☒ No ☐ Yes

\$3,365.00

3.33 Nonpriority creditor's name and mailing address

Vantec Hitachi Transport System (USA) In
21061 S. Western Ave., Ste. 300
Torrance, CA 90501

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Business Debt**

Is the claim subject to offset? ☒ No ☐ Yes

\$13,204.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Everest Business Funding c/o Saturn Encore Funding Attn: Israel Weinstein 68-15 Main Street, 2nd Fl Flushing, NY 11367	Line 3.11 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Saturn Encore Funding c/o Israel Weinstein, Atty 68-15 Main Street, 2nd Fl Flushing, NY 11367	Line 3.11 <input type="checkbox"/> Not listed. Explain _____	—
4.3	US Bank Garnishment Department PD-OR-C2GN PO Box 30869 Portland, OR 97294	Line 3.29 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 28,399.99
5b. +	\$ 1,118,671.00
5c.	\$ 1,147,070.99

Fill in this information to identify the case:

Debtor name L. D. Tonsager & Sons, Inc.

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Notice Only**

State the term remaining

List the contract number of any government contract _____

**Dr. Yan Morrissey
29174 SW Town Center Loop W, Ste 201
Wilsonville, OR 97070**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Office lease**

State the term remaining

List the contract number of any government contract _____

**Term expires
10/31/2023**

**KC Everest Properties, LLC
29174 SW Town Center Loop W, Ste 201
Wilsonville, OR 97070**

Fill in this information to identify the case:Debtor name **L. D. Tonsager & Sons, Inc.**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Craig Tonsager****11276 S Macksburg Rd.
Canby, OR 97013****CT Corporation
System, as
representative**☒ D **2.9**
☐ E/F _____
☐ G _____**2.2 Craig Tonsager****11276 S Macksburg Rd.
Canby, OR 97013****East Shore Equities
LLC**☒ D **2.14**
☐ E/F _____
☐ G _____**2.3 Craig Tonsager****11276 S Macksburg Rd.
Canby, OR 97013****CT Corporation
System, as
representative**☒ D **2.12**
☐ E/F _____
☐ G _____**2.4 Craig Tonsager****11276 S Macksburg Rd.
Canby, OR 97013****Complete Business
Solutions Group, Inc.**☒ D **2.5**
☐ E/F _____
☐ G _____**2.5 Craig Tonsager****11276 S Macksburg Rd.
Canby, OR 97013****Advanced Merchant
Services LLC**☒ D **2.1**
☐ E/F _____
☐ G _____

Debtor **L. D. Tonsager & Sons, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Craig Tonsager	11276 S Macksburg Rd. Canby, OR 97013	Saturn Encore Funding	<input checked="" type="checkbox"/> D <u>2.23</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Craig Tonsager	11276 S Macksburg Rd. Canby, OR 97013	Business Financial Services, Inc. d/b/a	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Craig Tonsager	11276 S Macksburg Rd. Canby, OR 97013	New Chance Capital, LLC	<input checked="" type="checkbox"/> D <u>2.22</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Craig Tonsager	11276 S Macksburg Rd. Canby, OR 97013	Mayfair Business Capital LLC	<input checked="" type="checkbox"/> D <u>2.20</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Eric R. Tonsager	16520 SW Edminston Rd. Wilsonville, OR 97070	CT Corporation System, as representative	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	Eric R. Tonsager	16520 SW Edminston Rd. Wilsonville, OR 97070	CT Corporation System, as representative	<input checked="" type="checkbox"/> D <u>2.10</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.12	Eric R. Tonsager	16520 SW Edminston Rd. Wilsonville, OR 97070	East Shore Equities LLC	<input checked="" type="checkbox"/> D <u>2.14</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	Eric R. Tonsager	16520 SW Edminston Rd. Wilsonville, OR 97070	Saturn Encore Funding	<input checked="" type="checkbox"/> D <u>2.23</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **L. D. Tonsager & Sons, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Eric R. Tonsager	16520 SW Edminston Rd. Wilsonville, OR 97070	CT Corporation System, as representative	<input checked="" type="checkbox"/> D <u>2.11</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	Eric R. Tonsager	16520 SW Edminston Rd. Wilsonville, OR 97070	CT Corporation System, as representative	<input checked="" type="checkbox"/> D <u>2.12</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	Eric R. Tonsager	16520 SW Edminston Rd. Wilsonville, OR 97070	Complete Business Solutions Group, Inc.	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.17	Eric R. Tonsager	16520 SW Edminston Rd. Wilsonville, OR 97070	BlueVine Capital Inc.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.18	Eric R. Tonsager	16520 SW Edminston Rd. Wilsonville, OR 97070	New Chance Capital, LLC	<input checked="" type="checkbox"/> D <u>2.22</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.19	Eric R. Tonsager	16520 SW Edminston Rd. Wilsonville, OR 97070	Mayfair Business Capital LLC	<input checked="" type="checkbox"/> D <u>2.20</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.20	Errol Heights Tavern	c/o Eric Tonsager 16520 SW Edminston Rd. Wilsonville, OR 97070	CT Corporation System, as representative	<input checked="" type="checkbox"/> D <u>2.12</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.21	Oregon Bass & Panfish Club, Inc.	16520 SW Edminston Rd. Wilsonville, OR 97070	CT Corporation System, as representative	<input checked="" type="checkbox"/> D <u>2.11</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **L. D. Tonsager & Sons, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22	Oregon Bass & Panfish Club, Inc.	16520 SW Edminston Rd. Wilsonville, OR 97070	CT Corporation System, as representative	<input checked="" type="checkbox"/> D <u>2.12</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.23	Susan I. Enright	122 Terrace Ave Oregon City, OR 97045	Complete Business Solutions Group, Inc.	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.24	Susan I. Enright	122 Terrace Ave Oregon City, OR 97045	BlueVine Capital Inc.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.25	Susan I. Enright	122 Terrace Ave Oregon City, OR 97045	New Chance Capital, LLC	<input checked="" type="checkbox"/> D <u>2.22</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Fill in this information to identify the case:Debtor name L. D. Tonsager & Sons, Inc.United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2020** to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other _____**Gross revenue**

(before deductions and exclusions)

\$0.00**For prior year:**From **1/01/2019** to **12/31/2019**☒ Operating a business☐ Other _____**\$5,854,724.07***

*(Operated at a loss for 2019)

For year before that:From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other _____**\$6,814,429.18****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**

Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Corporate Debt Advisors	11/30/20	\$8,804.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.2. EIN Cap, Inc. MCA - will provide address if necessary	11/30/19	\$20,388.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. Mayfair Business Capital LLC 7 Henry Court Suffern, NY 10901	Last 90 days - various payments	\$30,312.50	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.4. PayCargo, LLC Customer Service 201 Alhambra Cir. Ste 711 Coral Gables, FL 33134	Last 90 days - various payments	\$32,738.92	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.5. U.S. Customs and Border Protection Revenue Division, Debt Mgmt Team Attn: Debit Voucher Team 6650 Telecom Dr, Ste 100 Indianapolis, IN 46278	Last 90 days - various payments	\$50,826.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

Debtor **L. D. Tonsager & Sons, Inc.**

Case number (if known) _____

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Saturn Encore Funding vs. L.D. Tonsager & Sons, Inc. EFCA 2019002692	Suit on account	Supreme Court of State of New York	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
Funds forwarded to online con-artist	None	Throughout 2019	\$1,277,752.80

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Vanden Bos & Chapman, LLP 319 SW Washington Suite 520 Portland, OR 97204	Attorney Fees	1/30/20	\$5,000.00
	Email or website address ann@vbcattorneys.com			
	Who made the payment, if not debtor? Eric Tonsager paid \$1,000 of retainer			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Unknown scam artist	Advances for taxes on supposed inheritance.	Throughout 2019	\$1,277,752.08
	Relationship to debtor No relation			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	17721 NE Riverside Pkwy, Ste B Portland, OR 97230	3/02 - 9/15/18

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Have Taxpayer ID or Social Security number for every customer, required by US Customs - used as importer ID

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Columbia Bank	XXXX-0156	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	2/20/20 - negative balance	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Brownstone International (friend's warehouse) NE Portal Way Portland, OR	Eric Tonsager and Susan Enright	File cabinets with business records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

Debtor **L. D. Tonsager & Sons, Inc.**

Case number (if known) _____

☒ None**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service****From-To**26a.1. **R. Thomas McFadden, Jr., CPA**
701 North Evans
McMinnville, OR 97128**1980 - current**26a.2. **Eric R. Tonsager**
16520 SW Edminston Rd.
Wilsonville, OR 97070**1993 - current**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**26c.1. **R. Thomas McFadden Jr, CPA**
701 North Evans
McMinnville, OR 97128

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.****Name****Address****Position and nature of any interest****% of interest, if any****Eric Tonsager****16520 SW Edminston Rd.**
Wilsonville, OR 97070**President****50%**

Debtor L. D. Tonsager & Sons, Inc.

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Susan I. Enright	122 Terrace Ave Oregon City, OR 97045	Secretary/treasurer	25%
Name	Address	Position and nature of any interest	% of interest, if any
Craig A. Tonsager	11276 S. Macksburg Canby, OR 97013	Vice President	25%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Craig & Eric Tonsager & Susan Enright	Approximately \$46,000 paid for ordinary and customary wages to Craig Tonsager and Susan Enright. \$32,000 paid to Eric Tonsager for ordinary and customary wages.	2019	Wages
Relationship to debtor Business owners			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Debtor L. D. Tonsager & Sons, Inc.

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 24, 2020

/s/ Eric R. Tonsager
Signature of individual signing on behalf of the debtor

Eric R. Tonsager
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes